### **IEP COMPONENTS**

## STUDENT INFORMATION

A section may be added at the beginning of the IEP format to include pertinent student information as determined necessary by the school district.

## **IEP PARTICIPANTS**

Please sign in the appropriate space. A signature in this section of the IEP documents participation in the meeting and does not mean agreement with the IEP.

Student, if appropriate or required	Date
Otadent, ii appropriate or required	Bute
Parent	Date
Regular Education Teacher	Date
Special Education Teacher or Provider	Date
Child Study Team Member	Date
Case Manager (Maybe the CST member above.)	Date
School Representative (May be the CST member or	
other appropriate school personnel.)	Date
Specialist	Date
Other	Date

PRESENT LEVELS OF EDUCATIONAL PERFORMANCE
Consider relevant data. List the sources of information used to develop the IEP.
Describe the present levels of performance including how the child's disability affects his or her involvement and progress in the general education curriculum. For preschool children, as appropriate, describe how the disability affects the child's participation in appropriate activities. [N.J.A.C. 6A:14-3.7(d)1].
Include other educational needs that result from the student's disability. [N.J.A.C. 6A:14-3.7(d)2ii].
In addition, consider each special factor identified in N.J.A.C. 6A: 14-3.7(c). If in considering the special factors, the IEP team determines that the student needs a particular device or service (including an intervention, accommodation or other program modification) to receive a free, appropriate public education, the IEP must include a statement to that effect in the appropriate section. If a factor is not applicable, note as such.

STATEMENT OF TRANSITION SERVICE NEEDS		
Beginning at age 14, or younger, if appropriate, develop the long-range educational plan for the student's future. Review annually.		
Statement of the student's interests and preferences.		
STUDENT'S DESIRED POST SECONDARY OUTCOMES (VISION FOR THE FUTURE)		
Post Secondary Education: (Including, but not limited to, college, vocational training and continuing and adult education)		
Employment/Career:		
Community Participation: (Including, but not limited, to recreation and leisure activities, and participation in community organizations)		
Independent Living:		
COURSES OF STUDY		
Considering the student's interests, preferences, and desired post secondary outcomes, list the specific courses of study for the period of time covered by this IEP. Include both general education and special education courses. When appropriate, identify the courses of study projected for future years.		
Grade Courses of Study (List course names):		
Grade Projected Courses of Study (List course names):		
Grade Projected Courses of Study (List course names):		
Grade Projected Courses of Study (List course names):		
Trojected Sources of Study (List Source Hames).		
STATEMENT OF TECHNICAL CONSULTATION		
☐ Information/advice is needed from Division of Vocational Rehabilitation Services or other agency or agencies.		
List the name of any agency from which technical consultation is needed:		

# STATEMENT OF NEEDED TRANSITION SERVICES:

### COORDINATED ACTIVITIES/STRATEGIES AND AGENCY LINKAGES TO ADULT SERVICES

Beginning at age 16, or younger, if appropriate, complete the following multi-year plan for promoting movement from school to the student's desired post-school outcomes. The student's needs, interests and preferences in each area (instruction, community experiences, etc.) must be considered, and responsibilities should be shared among participants (student, parent, school staff, outside agencies, employers, etc.).

Activities/Strategies Related to Post-Secondary Outcomes	Expected Date of Implementation	Person or Agency Arranging and/or Providing Services
Instruction – Post Secondary Education/Training		
Related Services		
Community Experiences		

STATEMENT OF NEEDED TRANSITION SERVICES:				
COORDINATED ACTIVITIES/STRATEGIES	AND AGENCY LINKAGE	S TO ADULT SERVICES (Continued)		
Activities/Strategies Related to Post-Secondary Outcomes	Expected Date of Implementation	Person or Agency Arranging and/or Providing Services		
Employment				
Adult Living Objectives				
Daily Living Skills				
Frankling I Was at Sand Frankling				
Functional Vocational Evaluation				

NAME OF THE SCHOOL	STAFE DEDSON WHO	WILL BE THE LIAISON TO	DOST-SECONDARY	DEGULIDAEG
NAME OF THE SCHOOL	. STAFF PERSON WHO	WILL DE THE LIAISUN TO	PUSI-SECUNDARI	RESOURCES

TRANSFER	OF RIGHTS	AT AGE	OF MA	IORITY
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<u>OPTION I</u>: At least three years before the student reaches age 18, a statement that the student and the parent(s) have been informed of the rights that will transfer to the student on reaching the age of majority, unless the parents obtain guardianship [N.J.A.C. 6A:14-3.7(d)12]. The district may use the following description to document that the student and parents have been informed of the rights that will transfer. The IEP team <u>may</u> include this statement at age 14 when transition planning begins.

On (Date), (Name of Student) will turn age 18 and become an adult student. The following rights will transfer to (Name of Student):

- > The school district must receive written permission from (Name of Student) before it conducts any assessments as part of an evaluation or reevaluation and before implementing an IEP for the first time.
- The school must send a written notice to (*Name of Student*) whenever it wishes to change or refuses to change the evaluation, eligibility, individualized education program (IEP) or placement, or the provision of a free, appropriate public education (FAPE).
- You, the parents, may not have access to (Name of Student)'s educational records without his/her consent, unless he/she continues to be financially dependent on you.
- > The district will continue to provide you, the parents, with notice of meetings and of any proposed changes to your adult child's program.
- Any time (*Name of Student*) disagrees with his/her special education program, he/she is the only one who can request mediation or a due process hearing to resolve any disputes arising in those areas.

If (Name of Student) wishes, he/she may write a letter to the school giving you, the parents, the right to continue to act on his/her behalf in these matters.

OPTION II: At least three years before the student reaches age 18, a statement that the student and the parent(s) have been informed of the rights

that will transfer to the student on reaching the age of majority unless the parents obtain guardianship [N.J.A.C. 6A:14-3.7(d)12]. The district may inform the student and the parents by letter of the rights that will transfer. (See the attached sample notices.) If a letter is used, complete the following:				
	(Name of Student)	was informed in writing on(Da	of the	rights that will transfer to him/her at age eighteen.
	(Name of Parent[s])	was/were informed in writing on	(Date)	of the rights that will transfer at age eighteen.

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must c	must consider, when appropriate, strategies, including positive behavioral interventions and supports to address that behavior. When needed, a behavior intervention plan must be included in the IEP. The following are <u>suggested topics</u> :			
<	Target behavior:			
<	Prior interventions (if any)/student response:			
<	Description of the positive supports/interventions:			
<	Data collection and management system:			
<	Conditions under which the supports/interventions will be implemented:			
<	Conditions under which the supports/interventions will be terminated:			
<	Parental involvement:			

INSTRUCTIONAL AREA:				
<b>ANNUAL MEASURABLE GOAL:</b> Related to the core curriculum content standards student's educational needs.	through the general education curric	ulum unless otherwise required according to the		
BENCHMARKS OR SHORT TERM OBJECTIVES:	CRITERIA	EVALUATION PROCEDURES		
		_		
		4		
MODIFICATIONS AND SUPPLEMENTARY AIDS AN	D SERVICES IN THE REGULAR	EDUCATION CLASSROOM		
State the modifications for the student to be involved and progress in the gene supplementary aids and services that will be provided to the student or on bel and services to be provided. Attach additional pages as necessary.				
State the modifications to enable the student to participate in the general education curriculum.	State the supplementary aids and services.			
MODIFICATIONS AND SUPPLEMENTARY AIDS AN				
If the student will not be participating in the regular education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom. Identify any assistive technology devices and services to be provided. Attach additional pages as necessary.				
State the modifications to enable the student to participate in the general education curriculum.	State the supplementary aids an	d services.		

MODIFICATIONS IN EXTRACURRICULAR AND NONACADEMIC ACTIVITIES				
State the modifications that will be provided to enable the student to participate in extracurricular and nonacademic activities [N.J.A.C. 6A:14-3.7(d)3ii].				
SUPPORTS F	FOR SCHOOL PERSONNEL			
State the supports for school personnel that will be provided for the student [N.J.A.C. 6A:14-3.7(d)3].				
PROGRESS REPORTING				
State how the parents will be regularly informed of their student's progress toward the annual goals [N.J.A.C. 6A:14-3.7(d)14].				
METHOD	SCHEDULE			

## **DECISION-MAKING FOR REMOVAL FROM GENERAL EDUCATION CLASSES**

Explain the extent, if any, to which the student will not participate with nondisabled peers in the general education class and in extracurricular and nonacademic activities:				
1.	Document the supplementary aids and services that were considered and rejected [N.J.A.C. 6A:14-42.(a)8i]. Explain why they are not appropriate to meet the student's needs in the general education class:			
2.	Document the comparison of the benefits provided in the regular class and the benefits provided in the special education class [N.J.A.C. 6A:14-4.2(a)8ii]:			
3.	Document the potentially beneficial or harmful effects which a placement may have on the student with disabilities or the other students in the class [N.J.A.C. 6A:14-4.2(a)8iii]:			
4.	Explain the extent, if any, to which the student will not participate with nondisabled peers in extracurricular activities and nonacademic activities [N.J.A.C. 6A:14-3.7(d)4]:			
	PLACEMENT DECISION			

SPECIAL EDUCATION DETERMINATIONS					
Document length of school day, if different from length of regular school day [N.J.A.C. 6A:14-4.1(c)]:			Statement of student's transition from [N.J.A.C. 6A:14-3.7(d)8]:	elementary to secondary program	
Determine whether the student needs an extended school year (ESY) program [N.J.A.C. 6A:14-4.3(b)]. List relevant factors considered in determining whether the student needs an ESY program.					
If the student requires an ESY program, describe the ESY program:					
	PARTICIPATION IN DIS	TRICT	AND STATE ASSESSMENT PROGRAM		
Assessment	Modifications / Accommodations [N.J.A.C. 6A:14-3.7(d)5]	subje asses	student will not be participating in a ct area or areas of a district or state ssment, explain why that assessment appropriate [N.J.A.C. 6A:14-55].	State how the student will be assessed if the student will not participate in Statewide or districtwide assessment.	
District Assessment:					
ESPA					
GEPA					
HSPT/A					
OR SRA					

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GRADUATION REQUIREMENTS				
Beginning at age 14, identify the State and local graduation requirements that the student will be expected to meet. The statement must be reviewed annually. If the student is exempted from meeting any of the graduation requirements that all students are expected to meet or if any of the requirements are modified, provide a rationale below and list any alternate proficiencies the student is expected to achieve.				
State the Graduation Requirement	If the student is NOT exempt from the requirement, place a ✓ in this column.	If the student is exempt from meeting the graduation requirement, provide a rationale for the exemption. [N.J.A.C. 6A:14-3.7(d)7i]		
Attendance:				
Credit Hours:				
HSPT/HSPA:				
Other (Local graduation Requirements):				
Alternate Requirements(s): Provide a description of any alternate requirements to be achieved by the student to qualify for a State endorsed diploma. [N.J.A.C. 6A:14-3.7(d)7ii]				

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STATEM	ENT OF SPECIAL ED	UCATION AND REL	ATED SERVICES	
State the special education services by instructional area. For in-class programs: Also state amount of time the resource teacher is present in the class.	Dates the services will begin and end	Frequency	Location	Duration
[N.J.A.C. 6A:14-3.7(d)3 and N.J.A.C. 6A:14-3.7(d)6]				
State the related services	Dates the services will begin and end	Frequency	Location	Duration
[N.J.A.C. 6A:14-3.7(d)6]				
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NOTICE REQUIREMENTS	FOR	THE IED		<b>ACEMENT</b>
NOTICE REGULATION 13	$\mathbf{I}$		AND FL	ACLIVILIVI

This form describes the information required in each of the components of written notice for an IEP meeting. The written notice includes the IEP as a description of the proposed action and a description of the procedures and factors used in determining the proposed action.

Describe the proposed action [N.J.A.C. 6A:14-2.3(e)1] and explain why the district has taken such action [N.J.A.C. 6A:14-2.3(e)2]: The attached IEP describes the proposed program and placement and was developed: as a result of an initial evaluation and determination of eligibility. as a result of an annual review. as a result of a reevaluation. in response to a parental request. to propose a change in placement. to review the behavioral intervention plan. other: Describe any options considered and the reasons those options were rejected [N.J.A.C. 6A:14-2.3(e)3]: Describe the procedures, tests, records or reports and factors used in determining the proposed action [N.J.A.C. 6A:14-2.3(e)4]: If applicable, describe any other factors that are relevant to the proposed action [N.J.A.C. 6A:14-2.3(e)]:

### PROCEDURAL SAFEGUARDS STATEMENT

As the parent of a student who is or may be determined eligible for special education services or as an adult student who is or may be determined eligible for special education, you have rights regarding identification, evaluation, classification, the development of an IEP, placement and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, *Parental Rights in Special Education* (PRISE). This document is published by the New Jersey Department of Education.

A copy of PRISE is provided to you upon referral for an initial evaluation, upon each notification of an IEP meeting, upon reevaluation and when a due process hearing is requested. In addition, a copy will be provided to you at your request.

To obtain a copy of PRISE, please contact:				
School District Office or Personnel	Phone Number			
For help in understanding your rights, you may contact any o	f the following:			
School District Representative	Phone Number			
Statewide Parent Advocacy Network (SPAN) at (800) 654 - 7726.				
Protection and Advocacy, Inc., at (800) 922 - 7233.				
County Supervisor of Child Study	Phone Number			

CONSENT FOR INITIAL IEP IMPLEMENTATION:	
Your signature is required to give consent before the	oroposed IEP services can start.
I, we have received a copy of the proposed IEP and givestart.	ve consent for the IEP services to
Signature	Date
IEP: ANNUAL REVIEW OR IEP AMENDMENT This proposed IEP is reviewed and revised.	form is used when the
You have the right to consider the proposed, revised I Your signature is not required to implement an IEP, after expired. To have the IEP services start before the 15 d	ter the 15 calendar days have
I, we have received a copy of the proposed IEP and ag before the 15 calendar days have expired.	ree to have the IEP services start
Signature	Date